

# migrant-friendly hospitals

## Contact card – Telephone interview

**For patients with limited proficiency in [local language – please insert]**

Contact card no.

-

### 1. Encounter information

Interpreter requested on:

Date:

Time:

(please insert)

Interpreter was present during the encounter:

Yes

No

**If yes:** Encounter was conducted in:

African lang.

Bosnian

Romanian

Spanish

Albanian

Farsi

Russian

Turkish

Arabic

French

Serbo-Croatian

Urdu

Baltic lang.

Kurdish

Somali

Other (please specify):

**NOTE: If encounter was conducted with the support of an interpreter, continue with filling in patient data (2.).**

**If no:**

Reasons for not using an interpreter:

No interpreter available

Patient refused professional interpreter

Other reasons (please specify):

Alternative form of language support used:

Adult relative or friend of the patient	<input type="checkbox"/>
Bilingual colleague	<input type="checkbox"/>
Child under 18 brought by patient to interpret	<input type="checkbox"/>
Self, because I'm a native speaker of patient's language or have learned the language	<input type="checkbox"/>
Other (please specify): .....	<input type="checkbox"/>



### 2. Patient data

Name (please insert):	
Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Permission given for telephone contact after discharge?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred language for telephone interview:	(Please insert)
Contact details: Phone:	(Please insert)
Convenient times for phone call:	(Please insert weekday(s), time of day)

## Interpreting Contact Card



Financially supported by the European Commission

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Co-funded by bm:bwk – Federal Ministry for Education, Science and Culture (Austria)



Pilot hospitals from 13 member states of the European Union



Supporting partners



Co-ordinated by LBISHM, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Institute for Sociology, University of Vienna